CLAIM FOR DAMAGE, INJURY, OR DEATH	INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.				t(s) if OMB NO. 1105-0008	
Submit To Appropriate Federal Agency:					nal representative, if any. city, State and Zip Code)	
3. TYPE OF EMPLOYMENT 4. DATE OF BIRTH	5. MARITAL STATUS	S 6. DATE AND D	AY OF ACCIDEN	T	7. TIME (A.M. or P.M.)	
MILITARY CIVILIAN 8. Basis of Claim (State in detail the known fac		add and in a dha adama	!-!	Ale I de mai Grimer mene		
9. NAME AND ADDRESS OF OWNER, IF OTHER T	THAN CLAIMANT (Numl		'	,		
BRIEFLY DESCRIBE THE PROPERTY, NATURE A instructions on reverse side.)	AND EXTENT OF DAMP	AGE AND THE LOCA	ATION WHERE PI	ROPERTY MAY BE	INSPECTED. (See	
STATE NATURE AND EXTENT OF EACH INJURE STATE NAME OF INJURED PERSON OR DECED				HE CLAIM. IF OTH	HER THAN CLAIMANT,	
11.	IESSES	SES				
NAME		ADDRESS	ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse)	AMOUNT OF CL	AIM (In dollars)				
	DNAL INJURY				12d. TOTAL (Failure to specify may cause forfeiture of your rights.)	
I CERTIFY THAT THE AMOUNT OF CLAIM COV			USED BY THE AC	CCIDENT ABOVE A	ND AGREE TO ACCEPT	
13a. SIGNATURE OF CLAIMANT (See instruction		THIS CLAIM.	13b. Phone nun	nber of signatory	14. DATE OF CLAIM	
CIVIL PENALTY FOR PRESE FRAUDULENT CLAIM The claimant shall forfeit and pay to the Unit \$2,000 plus double the amount of damages su	Fine of not me	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)				
States. (See 31 U.S.C. 3729.)		(330	20.71			

95-109

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85) (EG) PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2